

June 26, 2020 1:00 – 4:00 PM  
Appropriations Committee Informational Hearing  
Fiscal Impact of COVID-19  
Department of Public Health

- **COVID-Related Efforts**

**What specific programs/activities has DPH dedicated towards COVID-related assistance?**

The Department of Public Health (DPH) has been fully mobilized to respond to the COVID-19 pandemic. Beyond the specific areas of the Department that many of you are familiar with, such as facility licensing, epidemiology or public health preparedness, the agency mobilized across all programs. Under the state response framework, and using an incident command structure, staff from areas such as environmental health, drinking water, family health, and HIV/AIDS were assigned to the agency's many responsibilities and functions to support the response. Many of the staff who are engaged in this work are federally funded.

DPH subject matter experts and staff have been working with Unified Command, other state agencies, and external partners. They continue to support these partners in reopening safely.

Programs/activities include:

- **Public Health Preparedness and Local Health Section**
  - Establishing incident command system, activating and staffing the Emergency Command Center at DPH
  - Engaging Department of Emergency Services and Public Protection (DESPP) – Division of Emergency Management and Homeland Security (DEMHS) under State Response Framework and Unified Command Structure around statewide operations
  - Setting up routine conference calls and briefings with agency partners (local health, emergency medical services (EMS), nursing homes, hospitals, DEMHS, Connecticut Hospital Association)
  - Acting as liaison to DESPP-DEMHS
  - Coordinating and supporting DPH response
  - Requesting federal resources and assets to support statewide response (Strategic National Stockpile)
  - Providing daily situation reports/briefings to Unified Command
  - Collaborating with Unified Command on development of personal protective equipment (PPE) distribution strategy – establishing points of dispensing sites
  - Developing the medical surge alternate care sites, and deploying the mobile field hospital
  - Supporting Office of the Chief Medical Examiner (OCME), funeral directors, and hospitals on mass fatality management
  - Delivering funding rapidly to local public health departments and districts

- Providing technical assistance to Department of Administrative Services purchasing (logistics and supplies), local public health, hospital preparedness coordinators and other state agencies
- Planning efforts in concert with DPH Immunizations Program around mass vaccination
- Infectious Diseases Section/Epidemiology
  - Surveillance: data cleaning (deduplication, data quality checks/validation), daily and weekly data reporting and analysis to understand epidemiology of COVID-19 in the community, nursing homes, and many other settings. Analysis by risk factors, demographics (e.g. race), and other parameters.
  - Informatics: receiving and processing laboratory reporting, data structuring and reporting, managing interface with local health departments
  - Contact Tracing: training, protocols, integration with surveillance systems
  - Healthcare Associated Infections: supporting healthcare facilities in protecting their clients and staff by providing individualized guidance and also mass communications with guidance on how to detect and control outbreaks, effectively use PPE, effectively establish environmental control
  - Immunizations: preparing plans for mass vaccination
  - Developed public health testing guidelines
  - Provided public health technical assistance to sister state agencies
- Environmental Health and Drinking Water Branch
  - Provided technical assistance in the areas of occupational health, drinking water and food protection from the Branch's subject matter experts to assist with COVID-19 related shut down and reopening. Provided a variety of circular letters and communications to local health directors and public water systems on COVID-19 related matters as noted below.
    - ❖ Initiated weekly webinars with environmental drinking water laboratories and drinking water certified system operators, starting in mid-March, to provide direct technical support, share information and communicate messages on COVID-19. Provided direct technical assistance via numerous circular letters to these industries. Worked together to address any and all issues proactively for these essential businesses.
    - ❖ Offered expertise to local health directors with restaurant-related questions that concern reopening.
    - ❖ Provided direct expert technical assistance to multiple entities such as state agencies and many businesses that required support in the implementation of COVID-19 related occupational health and safety measures. Continue to provide direct assistance to the Reopen Connecticut Advisory Committee and a variety of state agencies in the development of reopening documents.
    - ❖ Developed a Teams meeting chat for state agency staff to answer reopening questions from sister agencies and review draft reopen documents. Hold

weekly office hours for open conversations with sister agencies to assist with reopening questions, share information and discuss reopening plans.

- ❖ Assembled a team of six local health directors (Brookfield Health Department, East Shore Health District, Hartford Health Department, Ledge Light Health District, North Central Health District and Torrington Area Health District) at the end of May to review draft Business Sector Rules with the Department of Economic and Community Development (DECD). The team also assisted DECD with the review of draft Phases 2 and 3 Sector Rules. DPH continues to work with this team to answer various questions and concerns about reopening plans to address public health issues.

- Healthcare Quality and Safety Branch (HQSB)

The HQSB has had an integral role in the COVID-19 pandemic from pre-planning to current activities. Pre-planning activities included the following:

- Active participation in incident command
- Securing executive and commissioner orders that would bolster the healthcare workforce and access to care
- Participation in industry calls for COVID-19 information sharing
- Active engagement in establishing the COVID Recovery Facility Model and COVID-19 resident and staff testing

The following activities occurred specific to each section within the HQSB:

- Facility Licensing and Investigations Section (FLIS)
  - ❖ Conducted over 1,200 focused infection control surveys at nursing homes and assisted living facilities. The CT National Guardsman have accompanied FLIS staff on these surveys to assess PPE supplies, ensure proper PPE use, screen staff entering the facility, and verify staffing levels.
  - ❖ Accompanied Centers for Disease Control and Prevention (CDC) staff on 51 infection control surveys.
  - ❖ Converted to a 7-day workweek to ensure that care provided was assessed across all shifts seven days a week. These visits have been a valuable tool in identification of infection control breeches and correcting such errors in real time.
  - ❖ Additional survey activities include complaint investigations that are triaged as immediate jeopardy (IJ), revisit surveys to confirm the facility has removed any IJ findings, investigations of complaints of abuse and neglect and investigations of inappropriate discharge planning.
  - ❖ Provided technical assistance to providers across the healthcare continuum.
  - ❖ Participated in weekly calls with hospitals, nursing homes, home health, assisted living and local health.
  - ❖ Hired upwards of fifty (50) per diem nurses to supplement the survey staff as part of the enhanced nursing home monitoring plan. Although these nurses do not have regulatory authority, they provide extended time and

observations in the facilities to assist the nursing homes to maintain compliance with infection control principles and practices. These nurses verify staffing, assess PPE and staff access to PPE, monitor the screening of all persons entering the facility, serve as universal control source for everyone in the facility, oversee group activities and monitor cohorting and signage within the facility. Issues of noncompliance are addressed in real time with guidance provided to staff to maintain infection control principles.

- ❖ Provided regular Zoom trainings for nursing home staff on PPE donning, doffing and hand sanitizing.
  - ❖ Provided weekly Zoom meeting for FLIS staff to disseminate information on the latest CDC guidance with a Q&A session.
  - ❖ Assisted in PPE distribution to skilled nursing facilities (SNFs), assisted living services agencies (ALSAs), and residential care homes (RCHs) throughout the 5 regions in the state.
  - ❖ Designed the role of the Temporary Nurse Aide program. This position was authorized through [Executive Order 7SS](#) and allows an individual to complete an abbreviated nurse aide training program that will enable them to support caregivers in the nursing home setting.
  - ❖ Through the authority in [Executive Order 7K](#) and a [Commissioner Order](#) actualized an automated medication administration training program for residential care home staff.
  - ❖ Worked with the Office of General Counsel in the development of [Executive Order 7Q](#) and a [Commissioner Order](#) that provided regulatory relief with regards to access to care and to enhance the work force.
- Practitioner Licensing and Investigations Section (PLIS)
    - ❖ Health Care Workforce Expansion and Flexibility:
      - Suspension of in-state licensure requirements for out-of-state licensed professionals
      - Expansion of providers authorized to provide telehealth services
      - Extension of time period for certain professions to practice after graduation and prior to licensure
      - Loosening supervisory requirements for physician assistants (PAs) and advanced practice registered nurses (APRNs) to promote flexibility
      - Waiving certain requirements for resident physicians and PAs in training
    - ❖ Relief for Licensees:
      - Delaying license renewal and fee payment requirements
      - Suspension of continuing education requirements
      - Waiving of fees for temporary permits for recent graduates
    - ❖ Other activities:
      - Providing subject matter expertise on ventilator workgroup
      - Fielding inquiries and providing technical assistance related to dental practices' COVID-19 concerns

- Working on mortuary and crematory capacity issues
  - Functioning as a resource for licensed professionals on COVID-19 related issues
  - Serving as a resource for local health departments regarding licensed professionals
- Office of Emergency Medical Services (OEMS)
    - ❖ Collaborating with Emergency Support Function (ESF) 7 on development of personal protective equipment (PPE) distribution strategy
    - ❖ Established EMS dispensing sites in each EMS Region
    - ❖ Staffed points of distribution sites since March
    - ❖ Provide ongoing guidance for PPE requirements
    - ❖ Provided ongoing guidance documents to EMS Instructors on conducting distributive classes
    - ❖ Provided consultation and resources to all EMS organizations and EMS providers
    - ❖ Maintained ongoing communication with all EMS chiefs via Everbridge messaging
    - ❖ Weekly meetings with Connecticut Hospital Association, local health directors and EMS for COVID -19 updates
    - ❖ Worked with Multiple ESFs to develop testing guidelines, and Office of the Comptroller to stand up COVID-19 testing sites for asymptomatic state and municipal first responders and other frontline employees
    - ❖ Coordinated the Train the Trainer program for testing swab collection
- State Public Health Laboratory (SPHL)
    - Provided expertise in the selection process of labs for testing
    - Provided quality control materials for hospital labs to help them with their testing validations
    - Offered real-time reverse transcription PCR (rRT-PCR) assay for the presumptive qualitative detection of ribonucleic acid (RNA) from the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), in upper and lower respiratory specimens
- Health Statistics and Surveillance Section (HSS)
    - Processed increased volume of death certificates for COVID-19 related deaths
    - Verified and validated cause of deaths
    - Onboarding electronic death registry, which goes live on July 1st
- Information Technology (IT)
    - Migrated hundreds of DPH employees into the Microsoft Teams environment
    - Purchased and deployed hundreds of laptop devices to enable DPH employees and WIC field users to telecommute

- Help desk calls have increased over 50% since the inception of COVID – due to staff unfamiliarity with remote desktop protocol (RDP), virtual private network (VPN), Microsoft Teams and utilizing equipment from home.
- Helped coordinate submission of data from long term care facilities
- Hired consultants and help desk personnel to assist onboarding into the contact tracing (ContaCT) applications
- Collaborations with National Guard
  - Mobile testing unit through the 14<sup>th</sup> Civil Support Team
  - Analytical laboratory capacity building
  - Acquisition and distribution of specimen collection kits
  - Deployment and demobilization of alternate care sites
  - Medical logistical support to DPH
  - Staffing support/transportation for PPE point of dispensing site
  - Environmental/physical plant inspection in collaboration with FLIS nursing staff at nursing homes

### **How are those programs/activities funded?**

The federal government enabled certain federally funded staff to be diverted to the pandemic for a portion of their time, recognizing that the response would require a whole agency and whole-of-government effort. The majority of actions taken by DPH are supported through federal Cooperative Agreements (CoAg) during routine times. The CoAgS come with explicit requirements from the CDC to conduct certain activities and meet specific objectives and goals. The federal government also urged states to apply for multiple crisis funding sources.

- Epidemiology and Laboratory Capacity
  - Typically funds the State Public Health Laboratory (SPHL) and Infectious Diseases Section Programs
  - Multiple supplements related to COVID-19: Crisis CoAg; Coronavirus Aid, Relief, and Economic Security (CARES) Act; Enhancing Detection; and IPC (Infection Prevention and Control) Training
    - Crisis CoAg and CARES: smaller supplements to support surveillance and response
    - Enhancing Detection
    - IPC Training: increasing capacity for infection control among local health departments and frontline workers
- Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) CoAgS
  - Base funding is used to support and coordinate the agency's public health preparedness efforts, and also to coordinate and support the public health system including healthcare and local public health planning, and preparedness.
  - Crisis CoAg funding is used to coordinate and support the initial stages of emergency operations and response.

- Ryan White Response
  - Funds will support provision of direct services associated with responding to COVID-19 needs for people living with HIV in CT.
- Immunization
  - Supplemental funding will be used to support DPH and local health department staffing, communications campaigns, pandemic preparedness, and mass vaccination.
- Emerging Infections Program
  - Funding is used to support collecting data on hospitalized COVID-19 patients and healthcare workers who are diagnosed with COVID-19 (examining risk factors for infection among healthcare professionals).
- Coronavirus Aid, Relief, and Economic Security Act (CARES Act):
  - The CARES Act provided supplemental Medicare funding of at least \$100,000,000 nationally for survey and certification activities related to COVID-19 response; prioritizing nursing homes in locations with coronavirus community spread. It is expected that State Survey Agencies (SAs) will request approximately \$81 million for such certification costs and services performed under section 1864 of the Social Security Act. This funding is available through September 30, 2023.

DPH requested \$6.7 million dollars to support a strike team, provide personal protective equipment for the team of surveyors conducting monitoring and other investigations during the COVID-19 pandemic, and fund two (2) FTE infectious disease medical doctors who have been providing support to long term care facilities by answering correspondence and providing CDC supported guidance to facility staff relative to infection control standards and how it relates to the COVID pandemic. However, the department received notice last week from the Centers for Medicaid and Medicare Services (CMS) that Connecticut, as well as other states, will be receiving a much smaller portion of the CARES Act funding than requested. CT is projected to receive \$236,000 for FY 2020, for a total of \$1.1 million dollars through FY 2023.

- **Federal Funding for COVID-Related Expenditures**

**Federal funding has been approved for overtime and expenditures related to COVID-19. Briefly describe these expenditures.**

- Please refer to the appendix, entitled Summary of Federal COVID-19 Response Funding for a description of awards received to date by DPH and additional anticipated federal funding for the Department.
- Major highlights of expenditure activities include but are not limited to:
  - Contact tracing and related activities

- Eligible testing activities not primarily covered by any other means
- Long term care facilities staff surge, training and testing activities
- Support of local health and district operations
- Multimedia COVID-19 prevention campaign and related activities
- Critical surveillance activities such as COVID-Net, seroprevalence survey testing, environmental surveillance and advanced modeling
- Medical and support services for people living with HIV/AIDS
- Laboratory and epidemiology informatics, data modernization and enhanced electronic health data exchange and reporting capacity
- Enhancement of the State Public Health Laboratory's infrastructure, capacity and testing resources
- Support influenza vaccination coverage as a critical part of COVID-19 response work
- DPH workforce capacity development to support implementation of all the federal awards - approximately 30 full time equivalent (FTE) positions are being proposed as well as resources for overtime
- Vital statistics support and interoperability of electronic death registry systems
- Healthcare associated infections: training healthcare providers in infection control, detecting healthcare outbreaks and assisting facilities with outbreak control
- Other related activities

**Are there any further COVID-related expenditures that will need to be funded by General Fund appropriations?**

- At this time DPH has no identified expenditures related to COVID-19 that are scheduled to be funded by General Fund appropriations.

• **Local Health Districts**

**Local health districts have taken on the enforcement of COVID-19 Executive Orders. How are those duties being supported by DPH?**

- A total of \$22.5 million in COVID-related federal funding is currently budgeted for local health jurisdictions to support their response to the pandemic. This includes \$2.5 million through the Public Health Emergency Preparedness Crisis Cooperative Agreement ("PHEP Crisis" funding) that has been made available to all of Connecticut's local health departments and districts, and an additional \$20.0 million through the Epidemiological and Laboratory Capacity ("ELC") Enhancing Detection Cooperative Agreement.



- Under [Executive Order 7PP](#), local public health is responsible for enforcement of the executive order for businesses they normally regulate including, but not limited to, food service establishments, public swimming pools, and nail and hair salons. For such facilities, the health departments and districts are responsible for ensuring these regulated entities comply with the executive order and may conduct inspections to review layout and operations to enable and ensure social distancing and infection control practices are in place. Complaints associated with those businesses that local health authorities regulate are reportable to local public health departments and health districts. Other businesses are not subject to oversight by local public health departments and health districts.
- Funding sources for local public health (routine and COVID):
  - Per capita funding (routine): SFY 2020 **\$4,210,499**
  - Public Health Emergency Preparedness (PHEP) Cooperative Agreement (CoAg) base (routine) funding: **\$2,762,718**
  - Hospital Preparedness Funding (Medical Reserve Corps activities): **\$300,000**
  - PHEP COVID-19 Crisis CoAg funding: **\$2.5 million**
  - Epidemiology and Laboratory Capacity (ELC) CoAg Funding: **\$20 million**
  - = TOTAL: **\$29,773,217**

#### 4. Nursing Homes

##### **Please provide an update of funding, testing, etc.**

To closely monitor and quickly address any rise in the number of cases, [Executive Order 7AAA](#), which replaced [Executive Order 7UU](#), calls for the weekly testing of residents and staff in nursing homes and assisted living facilities (i.e., managed residential communities and assisted living services agencies) for the duration of the public health and civil preparedness emergency or until testing identifies no new cases of COVID-19 among residents or staff over at least 14 days since the most recent positive result, whichever occurs first. The weekly testing obligation began on June 14, 2020, for nursing home staff and begins on June 28, 2020, for managed residential community and assisted living services agency staff.

To support the implementation of this Executive Order, the state has contracted with several organizations (Care Partners) to provide resident and staff testing.

**Staff Testing:** Except where there is coverage under Medicare Part B or Medicare Advantage plans, the state will cover the cost of all nursing home staff testing provided by these contracted organizations during the initial implementation period ending August 31, 2020. No bills will be sent to nursing home employees.

**Resident Testing – Medicaid:** During the initial implementation period ending August 31, 2020, the state will pay the cost of testing for all nursing home residents covered by Medicaid.

**Resident Testing – Non-Medicaid:** Care Partners will collect resident insurance information and bill testing to insurers, including Medicare Part B and Medicare Advantage plans, directly. During the initial implementation period ending August 31, 2020, the state will pay the cost of resident testing that is not reimbursable through a nursing home resident’s insurer.

<b>Start Date</b> of Initial Implementation Period – June 14, 2020	Care Partners reach out to nursing homes to develop testing schedule; testing to begin no later than the week of June 14, 2020.
<b>End Date</b> of Initial Implementation Period – August 31, 2020	The state-funded testing for nursing home staff and residents will end on August 31, 2020; nursing homes are required to test staff weekly or until testing identifies no new cases of COVID-19 among staff or residents over at least 14 days since the most recent positive result while the Executive Order remains in effect.
Care Partners	State-funded nursing home resident and staff-testing will be available through the initial implementation period from the following Care Partners: <ul style="list-style-type: none"> <li>• Yale New Haven Health Services Corp.</li> <li>• Griffin Hospital</li> <li>• Physician One</li> <li>• Prospect Waterbury Hospital</li> <li>• Prospect Eastern Connecticut Health Network</li> <li>• Fair Haven Community Health Center</li> <li>• Hartford HealthCare</li> <li>• Stamford Hospital</li> </ul>
Nursing Home – Contractor Assignments	In an effort to manage the workload, nursing homes are paired with a Care Partner in advance of the start date when possible.
Nursing Home Staff Testing Contractor Services	The Care Partners, in coordination with the state, will provide physician orders.

## **5. School Based Health Centers**

**Please advise the committee if the SBHCs have received COVID-19 funding.**

DPH funded School Based Health Centers (SBHCs) have not received additional funds related to COVID-19 but have realigned funding within their existing contracts as appropriate to address activities in support of COVID response. All twenty (20) contractors are communicating with patients through telehealth for medical and/or behavioral health services. SBHCs are actively developing plans in accordance with CDC guidelines as they move forward toward reopening.

**6. Can you confirm whether any funding has been given to private medical practices/sole proprietors?**

No DPH funding has been given to private medical practices or sole proprietors.